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5/13/03

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

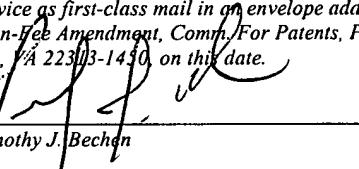
Applicant: Glen
Serial No.: 09/272,069
Filing Date: March 18, 1999

Examiner: C. Harrison
Art Unit: 2672
Our File No.: 00100.99.0034
Docket No.: 0100.9900340

Title: **METHOD AND APPARATUS FOR CONFIGURABLE GAMMA CORRECTION
IN A VIDEO GRAPHICS CIRCUIT**

Mail Stop Non-fee Amendment
Commissioner for Patents
P.O. Box 1450
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May 6, 2003 
Date Timothy J. Bechen

AMENDMENT AND RESPONSE

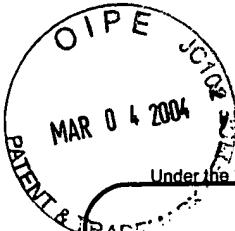
Dear Sir:

In response to the Office Action mailed February 6, 2003, Applicant submits the following amendment and response.

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

	Application Number	09/272,069	
	Filing Date	3/18/99	
	First Named Inventor	Glen	
	Art Unit	2672	
	Examiner Name	C. Harrison	
Total Number of Pages in This Submission	1	Attorney Docket Number	0100.9900340

ENCLOSURES (Check all that apply)			
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer		
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53			

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Timothy J. Bechen Reg. No. 48,126
Signature	
Date	3/1/04

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Timothy J. Bechen		
Signature		Date	3/1/04

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